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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 5	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Examiner's Signature Initials </div>				

ADDRESS

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TITLE

HELICAL CHANNEL FUEL DISTRIBUTOR AND METHOD

FILING FEE RECEIVED 1390	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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